

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

09/189099

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE ☐

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	27 minus 20 = *	7
INDEPENDENT CLAIMS	3 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <i>N</i>		

RATE	FEE
	395.00
x\$11=	
x41=	
+135=	
TOTAL	

OR

RATE	FEE
	790.00
x\$22=	154.00
x82=	
+270=	
TOTAL	944.00

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

Same

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

Same

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

Same

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FEES

- ☐ 1. Correct filing fee paid.
- ☐ 2. Excess claims fees paid:
 - ☐ a. Excess total claims more than 20.
 - ☐ b. Excess independent claims more than 3.
 - ☐ c. First multiple dependent claim fee paid.
- ☐ 3. Miscellaneous paper fee paid.

FINAL STEPS

- ☐ 1. Sign and date center of filewrapper, under flap.
- ☐ 2. Docketed to examiner.

NOTES TO SUPERVISOR:

NOTES TO EXAMINER:

SIGNATURE OF PREPARER:

Linda W. Badie

DATE:

6-28-77